

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 875)

SERIAL NO. 08/487,550
APPLICANT

FILING DATE

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5	1						55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12	1						62					
13		1					63					
14		1					64					
15		1					65					
16		1					66					
17		1					67					
18		1					68					
19		1					69					
20		1					70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	21						TOTAL DEP.					
TOTAL CLAIMS	80						TOTAL CLAIMS					